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| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001  |                            |   |                                    |                                   |                              |                  |              |                    | Application or Docket Number |                  |                     |                        |  |
|--|----------------------------|---|------------------------------------|-----------------------------------|------------------------------|------------------|--------------|--------------------|------------------------------|------------------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                            |   |                                    |                                   |                              |                  |              | MALL EI            | ·πηγ<br>□                    | OR               | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS   |                            |   | ລົງ                                |                                   |                              |                  | Γ            | RATE               | FEE                          |                  | RATE                | FEE                    |  |
| FOR  |                            |   | NUMBER FILED                       |                                   | NUMBER EXTRA                 |                  | B            | ASIC FEE           | 370.00                       | OR               | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |                            |   | minus 20=                          |                                   | • 5                          |                  |              | X\$ 9=             |                              | OR               | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |                            |   | minus 3 =                          |                                   | 4                            |                  | <b> </b>     | X42=               |                              |                  | XB4=                |                        |  |
| MU   | LTIPLE DEPEN               | DENT CLAIM PI                             | RESENT                             |                                   | , 0                          |                  | ` <b> </b> - |                    |                              | OR               | +280=               |                        |  |
| * H  | the difference             | in column 1 is                            | less than zero, enter "0" in colur |                                   |                              | olumn 2          | L            | +140=              |                              | OR               |                     |                        |  |
| CLAIMS AS AMENDED - PART II  |                            |   |                                    |                                   |                              |                  |              | TOTAL              |                              | OR               | TOTAL               | 73444                  |  |
|  | C                          | LAIMS AS A<br>(Column 1)                  |                                    | PAH I II<br>(Column 2) (Column 3) |                              |                  | SMALL ENTITY |                    | OR                           | OTHER<br>SMALL E |                     |                        |  |
| AMENDMENT A  | 3/4/05                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGH<br>NUM<br>PREVI<br>PAID      | BER<br>OUSLY                 | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE       |                  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| 30   | Total                      | .35                                       | Minus                              | * (a)                             | 5                            | =                |              | x\$25              |                              | OR               | ×50                 |                        |  |
| E E  | Independent                | · 원                                       | Minus                              | ***                               | 7_                           | *                | ╽┟           | ×1CO               | 100                          | OR               | ×200                |                        |  |
|  | FIRST PRESE                | NTATION OF M                              | JLTIPLE DEF                        | ENDEN                             | T CLAIM                      |                  | ▎┞           |                    | 100                          |                  |                     |                        |  |
|  |                            |   | •                                  |                                   |                              |                  | L            | TOTAL              | 100                          | OR               | TOTAL               |                        |  |
| 9-22-05 (Column 1) (Column 2) (Column 3)   |                            |   |                                    |                                   |                              |                  |              |                    | 100                          | OR               | ADDIT. FEE          | · · · · · ·            |  |
|  | ,                          | CLAIMS                                    |                                    | HIGH                              | mn 2)<br>ÆST                 | (Column 3)       | 1 _          |                    | ADDI-                        | 1 1              |                     | ADDI-                  |  |
| AMENDMENT B  |                            | REMAINING<br>AFTER<br>AMENDMENT           |                                    | PREVI                             | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA | lĿ           | RATE               | TIONAL                       |                  | RATE                | TIONAL                 |  |
|  | Total                      | . 13                                      | Minus                              | <b>*</b> =                        | 5                            | •—               |              | X\$ 9=             |                              | OR               | X\$18=              |                        |  |
|  | Independent<br>FIRST PRESE | NTATION OF M                              | Minus<br>JLTIPLE DEF               | ENDEN'                            | T CLAIM                      |                  | $\{[$        | X42=               |                              | OR               | X84s                | •                      |  |
|  |                            |   |                                    | T-1                               |                              |                  | 1            | +140=              |                              | OR               | +280=               |                        |  |
|  | •                          |   |                                    |                                   |                              |                  | A.           | TOTAL<br>DOTT. FEE |                              | OR               | TOTAL<br>ADDIT, FEE |                        |  |
|  |                            | (Column 1)                                |                                    |                                   | mn 2)                        | (Column 3)       | _            |                    |                              | •                |                     |                        |  |
| AMENDMENT C  |                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                  | NUM<br>PREVI                      | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE       |                  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| <b>X</b> Q   | Total                      | •   | Minus                              | 8                                 |                              | =                | lΓ           | X\$ 9=             |                              | OR               | X\$18=              |                        |  |
| ME   | Independent                | ٠   | Minus                              | 223                               |                              | •                | ]  -         | X42=               |                              |                  | X84=                |                        |  |
| ٩  | FIRST PRESE                | NTATION OF M                              | ULTIPLE DEF                        | PENDEN                            | T CLAIM                      |                  | ┚┝           | -                  |                              | OR               |                     |                        |  |
| * (I the entry in column 1 is less than the entry in column 2, write 'V' in column 3.  |                            |   |                                    |                                   |                              |                  |              |                    |                              | OR               | +280=               |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20."  ADDIT. FEE |                            |   |                                    |                                   |                              |                  |              |                    |                              | OR               | TOTAL<br>ADDIT. FEE |                        |  |
| •  | The Highest Num            | ber Previously Pa                         | id For (Total o                    | rtndepend                         | tent) is the                 | highest numb     | er foun      | d in the ap        | propriate ba                 | x in co          | luma 1.             |                        |  |